in a rural community, all were primary care physicians and all had taken a primary care preceptorship.

- There was no association between size of hometown and specialty selection.
- There was no association between the size of hometown and the size of practice site selected (urban versus rural).
- Physicians selecting smaller communities for their practices gave personal-familial reasons for selecting a small community, whereas medically related reasons were important in urban site selections.
- Deficiencies in respondents' training were cited as a lack of business and psychosocial preparation for the practice of medicine.

• There is still a perceived need for family physicians, obstetricians/gynecologists and pediatricians in both urban and rural populations.

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Medical Practice Questions

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

Intraarterial Carmustine (BCNU) Chemotherapy

OUESTION:

Is the use of intraarterial carmustine (BCNU) chemotherapy for the treatment of malignant brain tumors an acceptable and established procedure falling within the scope of clinical practice, or should it be considered an investigational procedure to be carried out in a research facility with protocol?

OPINION:

In the opinion of the Scientific Advisory Panels on Internal Medicine and on Neurosurgery, intraarterial carmustine (BCNU) chemotherapy for the treatment of malignant brain tumors should be considered investigational until its safety and efficacy have been demonstrated. Though this method of treatment appears to hold some promise, there is no evidence that the use of intraarterial carmustine (BCNU) chemotherapy is superior to conventional intravenous administration. Moreover, the known systemic toxic effects, both hematologic and nonhematologic, are significant hazards.

Controlled studies are required to determine if the added morbidity of arterial puncture and the increased risk of local drug toxicity (for example, retinal injury) are outweighed by a gain in therapeutic effect.

The procedure, therefore, remains the subject of investigation and should be used under appropriate research protocol in medical centers where rigorous scientific analysis and comparison with other modalities can be accomplished.